

(1)

CIVIL COMPLAINT FORM TO BE USED BY A PRO SE PRISONER**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

Peter J. Sorokaput Q A5443
 Full Name of Plaintiff Inmate Number

v.

Nick Face
 Name of Defendant 1

 Name of Defendant 2

 Name of Defendant 3

 Name of Defendant 4

 Name of Defendant 5

(Print the names of all defendants. If the names of all
 defendants do not fit in this space, you may attach
 additional pages. Do not include addresses in this
 section).

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

Civil No. 4:21-CV-0740
 (to be filled in by the Clerk's Office)

☐ Demand for Jury Trial
☐ No Jury Trial Demand

**FILED
 SCRANTON**

APR 21 2021

PER [Signature]
 DEPUTY CLERK

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Name (Last, First, MI)

Sorokaput Peter J

Inmate Number

QA5443

Place of Confinement

Sci-Albion

Address

Sci-Albion

10745 Route 18

City, County, State, Zip Code

Albion PA 16415-0000

Indicate whether you are a prisoner or other confined person as follows:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced state prisoner

☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Name (Last, First)

Fare Nick

Current Job Title

Correctional Officer

Current Work Address

230 Sanderson St. Pottsville, PA 17901

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

It happened in my cell on Delta block
I was in D-5 on Friday night at 6:00pm on Feb. 22, 2019

B. On what date did the events giving rise to your claim(s) occur?

On Feb. 22, 2019

C. What are the facts underlying your claim(s)? (For example: What happened to you?
Who did what?)

I was laying in my bed and the correctional officer
Came in my cell and threw me off my bed to the
Concrete floor and was kicking me punching me
and put his knee in my chest and tried to slam my
head into the floor but i stop him, then the other
CO's were saying sexual comments against me
against the prea law

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

My 1, 4, 5, 6, 14 amendments and bill of rights and Due Process were violated. Also Schuylkill County should be blamed for these actions the cop, the DA office cause of prosecutorial misconduct. Defamation of Character, lost my job house, wages, friends and reputation in the community and family. I also was bribed by cop to act dishonestly while he offered me a favor to talk to the DA for me about my sentence. he also Badgered me coerced, forced me to confess to a crime i never committed and False imprisonment cop had no such evidence or a probable cause to stop me or search me. Malicious prosecution.

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

I had marks on my chest and my back was hurting.

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

I am seeking for money damages and suffering and pain.

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

Peter Sankaput
Signature of Plaintiff

4-7-21
Date

